## This Folk is for INTERNAL PTOUSE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/546287
a i Electron non men.	11310281

## Total Fee Calculation

	Fee Cade	Toul # Claims	Number Estra	X	Fee	Fee	- Total
•	Sa./Lg.				Sm. Entiry	Lg Entiry	
Basic Filing Fee	201/101					<u>690</u>	
Total Claims >20	203/101 .	20 .20.		х			•
Independent Claim: >]	202/102	3		х			•
Mult, Dep Claim Present	204/104						
Surcharge	205/105	•				<u> 130</u> -	· -
English Translation	117						
TOTAL FEE CALCULA	<u> 710.4</u>						820
Fees due upon filing th	e application.					•	
Total Filing Fees Due	= 5	820	) ·				
Less Filing Fees Submi	ined . S	Ø		_			
BALANCE DUE	= S	820		<del>_</del>			
Office of Initial Patent F	Examination						
FORM OIPE-RAM-01 (Rev.		Fig	ure 7			•	

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  9/546 287													
CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)	SMALL ENTITY TYPE			OR	OTHER SMALL			
FO	R	NUMBER FILED NUMBER EXTRA R				RAT	E	FEE		RATE	FEE		
BAS	SIC FEE				<del></del>	,				345.00	OR		690.00
TO	TOTAL CLAIMS 20 minus 20= *						X\$ 9	)=		OR	X\$18=		
INDEPENDENT CLAIMS 3 = *						X39	=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT							·						
							eolumn 2	+130=			OR	+260=	46
* If the difference in column 1 is less than zero, enter "0" in column 2							Olumn 2	TOT	AL		OR	TOTAL	690
	Cl	(Col	lumn 1)	MENDED	(Col	lumn 2)	(Column 3)	SMA	LL	ENTITY	OR	OTHER SMALL	ENTITY
AMENDMENT A		REN A	LAIMS MAINING FTER NDMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*		Minus	**		=	X\$ 9	)=		OR	X\$18=	
ME	Independent	*		Minus	***		=	X39	=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									)=		OR	+260=	
									TAL		OR	TOTAL ADDIT, FEE	
		(Co	lumn 1)		(Co	lumn 2)	(Column 3)	ADDIT.	rec		•	ADDIT: 1 EE	
ENDMENT B		REI	LAIMS MAINING AFTER INDMENT		NI PRE	GHEST UMBER VIOUSLY VID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=	X\$ 9	<b>)</b> =		OR	X\$18=	
AME	Independent	•		Minus	***		=	X39	)=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130	)=		OR	+260=	
BEST AVAILABLE COPY									TAL			TOTAL	
		(Cc	lumn 1)		(Co	olumn 2)	(Column 3)	ADDIT.	FEE			ADDIT. FEE	
し		C	LAIMS		H	IGHEST UMBER				ADDI-			ADDI-
AMENDMENT C		/	MAINING AFTER ENDMENT		PRE	VIOUSLY AID FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE
N	Total			Minus	**		=	X\$ 9	)= ·		OR	X\$18=	
WE	Independent	*		Minus	***		=	X39	)=		OR	X78=	
F	FIRST PRESE	NTAT	ION OF MI	JLTIPLE DEF	PENDE	ENT CLAIM	1		`		i	.000	
	If the entry in colu	mn 1 is	s less than th	ne entry in colu	ımn 2. v	vrite "0" in c	olumn 3.	+130	)= TAL		OR	+260=	
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>								ADDIT.	FEE		_	TOTAL ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number